Application or Docket Number (
Effective December 29, 1999 Of 521280									
CLAIMS AS FILED - PART I		- 33							
(Column 1) (Column 2)	SMALL ENTITY OTHER THAN? TYPE OR SMALL ENTITY!	:::							
FOR NUMBER FILED NUMBER EXTRA	RATE FEE RATE FEE	1							
BASIC FEE	345.00 OR 690.00								
TOTAL CLAIMS 93 minus 20= 33	X\$ 9= OR X\$18= 6Gy.								
INDEPENDENT CLAIMS minus 3 =	X39= OR X78=								
MULTIPLE DEPENDENT CLAIM PRESENT	+130= OR +260=								
* If the difference in column 1 is less than zero, enter "0" in column 2	TOTAL OR TOTAL 1294	j							
(Column 1) (Column 2) (Column 3)	OTHER THAN SMALL ENTITY								
CLAIMS HIGHEST PRESENT NUMBER PRESENT	RATE TIONAL RATE TIONAL FEE'								
AFTER PREVIOUSLY EXTRA PAID FOR Independent Minus =	X\$ 9= OR X\$18=] : i							
Independent : 2 Minus = 3	; X39=. : OR . X78= ;	. , .							
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	+130= OR +260=] · ·							
the state of the s	TOTAL OR TOTAL	1							
1-22.05 (Column 1) (Column 2) (Column 3)	ADDIT. FEE ADDIT. FEE	1							
CLAIMS REMAINING AFTER AMENDMENT CLAIMS HIGHEST NUMBER PRESENT PREVIOUSLY EXTRA PAID EQR	RATE TIONAL RATE TIONAL FEE								
Total , 3 Minus 53 - 122	X\$ 9= OR X\$18= .i								
Independent Minus3	X39= OR X78= ;								
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	+130= OR +260=								
	TOTAL OR TOTAL ADDIT, FEE ADDIT, FEE								
2-15-06(Column 1) (Column 2) (Column 3)	ADDIT. FEE	S							
CLAIMS HIGHEST NUMBER PRESENT	RATE TIONAL RATE TIONAL FEE FEE								
AFTER AMENDMENT PAID FOR Total Minus 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	X\$ 9= OR X\$18=	15							
Independent • Minus ••• 2 = 1	X39= OR X78=	180							
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	+130= OR +260=								
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."	TOTAL OR TOTAL	COPY							
"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									
·		1							

FORM PTO-675 (Rev. 12/99)

· · · · · · · · · · · · · · · · · · ·							Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004 Page 2						09	521,280				
	CLAIMS AS FILED - PART ((Column 1) (Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY				
FOR	NUMBER FILED	NUMBER	EXTRA	R	ATE	·FEE		RATE	FEE		
BASIC FEE						395.00	OR		790.00		
TOTAL CLAIMS	53 minu	s 20 =		X	11=		OR	x\$22=			
INDEPENDENT CLAIMS		= 8 28		X	41=		OR	x82 =	-		
	MULTIPLE DEPENDENT CLAIM PRESENT				35=		OR	+270=			
* If the difference in column 1 is less than zero, enter "O" in column 2					OTAL			TOTAL			
a 10-11 CLA	7_10_() CLAIMS AS AMENDED - PART II						OR				
0 10 0 (00	AIMS	(Column 2)	(Column 3)	. <u> </u>	MAL	L ENTITY	OR		R THAN ENTITY		
REM	AINING TER IDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Total . /	Minus	- 53	= ()/.	x\$	11=	1 1 1 1	OB	x\$22 =			
Independent *	Minus	 3	= (/)	X4	11=		OR ·	x82=			
FIRST PRESENTA	TION OF MULTIPLE	DEPENDENT CL	AIM P	+1:	35=		OR	+270=			
· (Col	· umn 1)	(Column 2)	(Column 3)	ADDI	OTAL		OR ,	TOTAL VOOIT. FEE	. 1		
m REM	AIMS AINING TER IDMENT	HIGHEST • NUMBER • PREVIOUSLY • PAID FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE	is the sub-problem. If a	PELAIN RATEER	CADDI- TIONAL		
Total * Independent *	Minus	**	=	x\$	11=		OR:	x\$ 22=			
Independent *	Minus	***	=	X	11 <u>=</u>	•	OR	x82=	7		
FIRST PRESENTA	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				 35=	1 27.	OR	+270=			
The state of the s	umn 1)	(Column 2)	(Column 3)	ADDI	OTAL I. FEE		OR	TOTAL ADDIT. FEE			
REM	AIMS AINING TER 含 IDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Total Independent	Minus	••	=	x\$	11=		OR	x\$22=			
Independent •	Minus	444	=	X	41=	V V	OR	x82=	:		
FIRST PRESENTA	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				35=	!	OR	+270=			
If the entry in column 1 is 1 If the "Highest Number Pre" If the "Highest Number Pre" The "Highest Number Pre	eviously Paid For IN THI eviously Paid For IN THI	SISPACE is less than SISPACE is less than	20, enter "20."	ADDI	TOTAL T. FEE e appr		OR	TOTAL ADDIT, FEE			